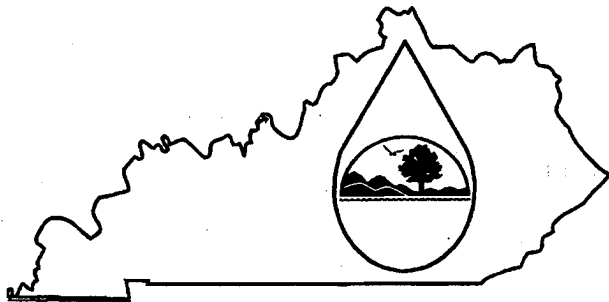


KPDES FORM 1

AI: 1489



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

\$1500.00

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0	0	8	0	3	7	3
A. Name of business, municipality, company, etc. requesting permit Heritage Management Group										
B. Facility Name and Location						C. Facility Owner/Mailing Address				
Facility Location Name: HY RIDGE MOBILE HOME PARK						Owner Name: HERITAGE MANAGEMENT GROUP				
Facility Location Address (i.e. street, road, etc.): US 25 and LEMON-NORTHCUTT ROAD						Mailing Street: 105 WEST 4th Street, Suite 1400				
Facility Location City, State, Zip Code: Dry Ridge, KY 41035						Mailing City, State, Zip Code: Cincinnati, OH 45202				
						Telephone Number: 513-721-4949				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Mobile Home Park Offering Rental Space to General Public

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code &
Description:

7033- Operators of Residential Mobile Home Sites

Other SIC Codes:

N/A

N/A

N/A

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Grant County

City where facility is located (if applicable):

Dry Ridge

C. Body of water receiving discharge:

Townsend BR/UT

D. Facility Site Latitude (degrees, minutes, seconds):

38 Degrees 40 Minutes 58 Seconds

Facility Site Longitude (degrees, minutes, seconds):

84 Degrees 35 Minutes 14 Seconds

E. Method used to obtain latitude & longitude (see instructions):

Map Interpolation

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

N/A

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Perfect-A-Waste Charles G. Hungler Jr.

Telephone Number:

513-851-8886

Operator Mailing Address (Street):

11264 Sebring Drive

Operator Mailing Address (City, State, Zip Code):

Cincinnati, Ohio 45240

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Class II

Certification Number:

5023

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0080373

Issue Date of Current Permit:

08 July 2002

Expiration Date of Current Permit:

31st August, 2007

Number of Times Permit Reissued:

N/A

Date of Original Permit Issuance:

21 March 1986

Sludge Disposal Permit Number:

N/A

Kentucky DOW Operational Permit #:

N/A

Kentucky DSMRE Permit Number(s):

N/A

N/A

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs) Debbie Mallory, Heritage Management Group

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	
DMR Mailing Street:	
DMR Mailing City, State, Zip Code:	
DMR Official Telephone Number:	

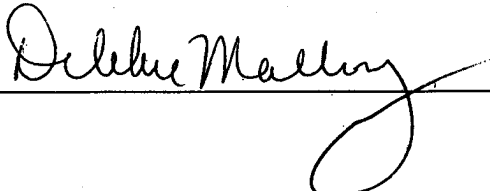
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Intermediate Non-POTW	\$ 300.00

VIII. CERTIFICATION

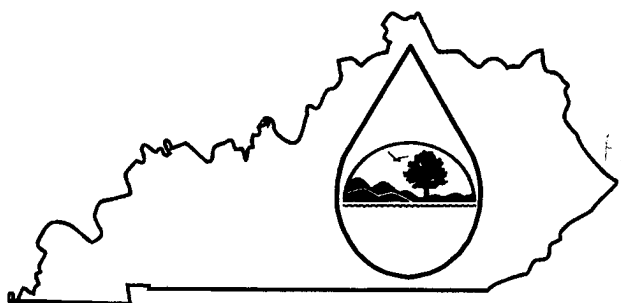
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Debbie Mallory, Vice President	513-721-4949
SIGNATURE	DATE:
	2/21/2008

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



FLS 05 2006

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Hy Ridge Mobile Home Park							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				Seven			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Total No Of Mobile Homes = 70 Total No. Of People=120 Estimated Sewage Flow= 285 gallons/Day/Mobile Home Average Daily Design Hydraulic Flow=19,950 GPD=0.02 MGD							
B. If new discharger, indicate anticipated discharge date:				N/A			
C. Indicate the design capacity of the treatment system:				0.02 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	42	28	84	35	7	Townsend BR/UT
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topographic Map Coordinates			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary Sewage From 70 Mobile Home Park	20,000 GPD	Bar Screen	1-T
			Aeration Tank	3-A
			Clarifier	3-A
			Chlorine Contact Tank	2-E

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake: _____
☐ Publicly-owned treatment works (POTW). Name of POTW: _____
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

N/A

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:

☐ Wet Weather☐ Dry Weather

Give the number of bypass incidents

per year

per year

Give average duration of bypass

hours

hours

Give average volume per incident

1,000 gallons

1,000 gallons

Give reason why bypass occurs:

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐ Wet Weather☐ Dry Weather

Give the number of overflow incidents:

per year

per year

Give average duration of overflow:

hours

hours

Give average volume per incident:

1,000 gallons

1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME

ACTUAL POPULATION SERVED

70 Mobile Home

120 People

TOTAL POPULATION SERVED

120 People

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	15 mg/liter	9.92 mg/liter	12
TOTAL SUSPENDED SOLIDS	13mg/liter	8.25 mg/liter	12
FECAL COLIFORM	220/100 ml	84/100 ml	12
TOTAL RESIDUAL CHLORINE	0.2 mg/liter	0.108 mg/liter	12
OIL AND GREASE	N/A		
CHEMICAL OXYGEN DEMAND	N/A		
TOTAL ORGANIC CARBON	N/A		
AMMONIA	1.4 mg/liter	1.033 mg/liter	12
DISCHARGE FLOW	0.003 MGD	0.00225 MGD	12
PH	7.4	7.26	12
TEMPERATURE (WINTER)	N/A		
TEMPERATURE (SUMMER)	N/A		

B. Frequency and duration of flow:

Regular

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

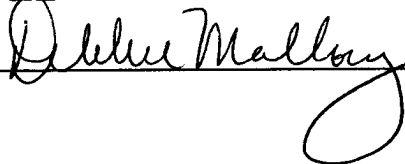
NAME AND OFFICIAL TITLE (type or print):

Debbie Mallory, Vice President

TELEPHONE NUMBER (area code and number):

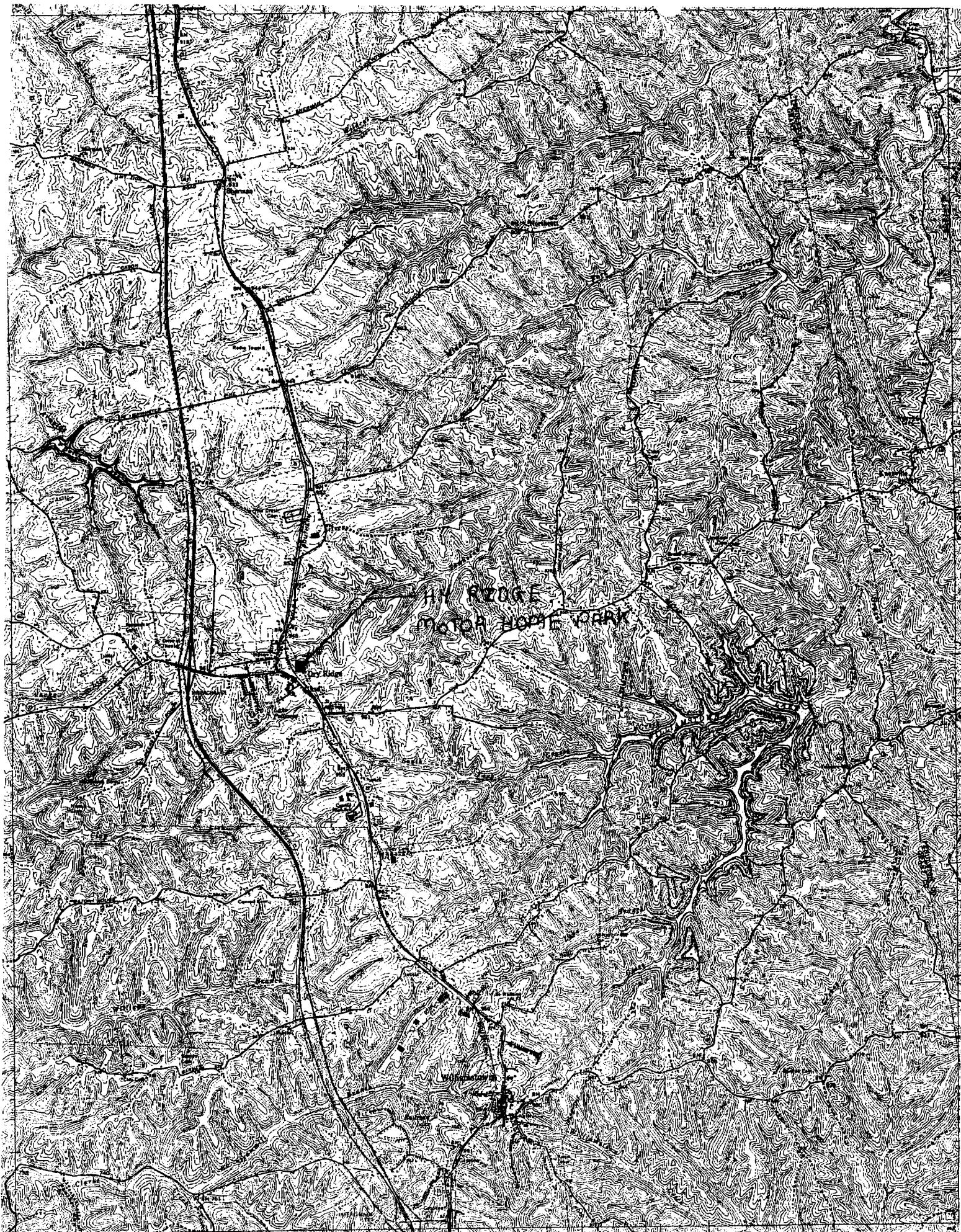
513-721-4949

SIGNATURE



DATE

2/21/2008





HY RIDGE MOTOR HOME PARK WWT

EPA United States
Environmental Protection Agency

EPA does not guarantee the accuracy, completeness, or timeliness of the information shown, and shall not be liable for any loss or injury resulting from reliance upon the information shown.

Environment for Envirofacts

- Legend**
- Multi-activities
 - Superfund
 - Toxic releases
 - Water dischargers
 - Air emissions
 - Hazardous waste
 - Impaired water bodies
 - Impaired streams
 - ~ Streams
 - Topo map (from TerraServer)